

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DIST. OF CALIFORNIA

Case number (if known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Derek

First Name

Scott

Middle Name

Hoxby

Last Name

Suffix (Sr., Jr., II, III)

First Name

Middle Name

Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Scott

First Name

Middle Name

Hoxby

Last Name

First Name

Middle Name

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 1 9 3 8

OR

9xx - xx - _____

xxx - xx - _____

OR

9xx - xx - _____

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business names or EINs.

☐ I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

EIN _____

EIN _____

5. Where you live

27311 Rainbow Ridge Road

Number Street

Number Street

Palos Verdes CA 90274
City State ZIP Code

City State ZIP Code

County

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

Number Street

P.O. Box

P.O. Box

City State ZIP Code

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

Debtor 1 Derek Scott Hoxby Case number (if known) _____

8. How you will pay the fee ☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.
9. Have you filed for bankruptcy within the last 8 years? ☒ No
- ☐ Yes.
- District Central District Of California When 06/19/2006 Case number 2:06-bk-12665
MM / DD / YYYY
- District Central District Of California When 10/14/2005 Case number 2:05-bk-41090
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? ☒ No
- ☐ Yes.
- Debtor _____ Relationship to you _____
- District _____ When _____ Case number, _____
MM / DD / YYYY if known
- Debtor _____ Relationship to you _____
- District _____ When _____ Case number, _____
MM / DD / YYYY if known
11. Do you rent your residence? ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Derek Scott Hoxby

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

Name of business, if any

Number Street

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.
- 16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☒ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.**
-
- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
- 19. How much do you estimate your assets to be worth?**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
- 20. How much do you estimate your liabilities to be?**
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor 1 Derek Scott Hoxby

Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

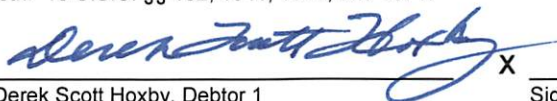
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X



X

Derek Scott Hoxby, Debtor 1

Signature of Debtor 2

Executed on 04/18/2017

MM / DD / YYYY

Executed on _____

MM / DD / YYYY

Debtor 1 Derek Scott Hoxby

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date 04/18/2017

MM / DD / YYYY

Jeffrey J Hagen

Printed name

Law Offices Of Hagen & Hagen

Firm Name

4559 San Blas Avenue

Number Street

Woodland Hills

City

CA

State

91364

ZIP Code

Contact phone (818) 501-6161

Email address jeff@hagenhagenlaw.com

143754

Bar number

CA

State

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

2) Scott Derek Hoxby, 2:06-bk-12665-VZ, filed 06/19/2006, Chapter 7, CD California, Hon. V. Zurzolo, discharged

1) Scott Derek Hoxby, 2:05-bk-41090-VZ, filed 10/14/2005, Chapter 7, CD California, Hon. V. Zurzolo, dismissed

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Woodland Hills, California


Signature of Debtor

Date: 04/18/2017

Signature of Joint Debtor

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Fill in this information to identify your case:

Debtor 1	Derek	Scott	Hoxby
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$449,763.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$449,763.00

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$21,636.97
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3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$305,828.05

Your total liabilities

\$327,465.02

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	\$4,288.00
---	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	\$3,333.80
---	-------------------

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

- | | |
|--|-------------|
| 9a. Domestic support obligations. (Copy line 6a.) | _____ |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | _____ |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | _____ |
| 9d. Student loans. (Copy line 6f.) | _____ |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | _____ |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + _____ |
| 9g. Total. Add lines 9a through 9f. | <div></div> |

Fill in this information to identify your case and this filing:

Debtor 1 **Derek** **Scott** **Hoxby**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: **CENTRAL DIST. OF CALIFORNIA**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..... →

\$0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1.
Make: **Nissan**
Model: **Sentra**
Year: **2013**
Approximate mileage: **79,000**

Who has an interest in the property?

Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$6,300.00	\$6,300.00

Other information:

Motor veicles: 2013 Nissan Sentra, 79,000 miles, valued at \$6,300.00 per a kbb.com search done 04/14/2017, subject to lien in favor of Nissan Motor Acceptance Corp. with a balance of \$10,701.60, requiring monthly payments of \$394.00, \$0.00 in arrears, therefore net equity for the estate of NEGATIVE \$4,401.60.

☐ Check if this is community property (see instructions)

Debtor 1 Derek Scott Hoxby Case number (if known) _____

3.2. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the
Make: Harley-Davidson Check one. amount of any secured claims on *Schedule D:*
Model: Electra Glide Motorcycle ☒ Debtor 1 only *Creditors Who Have Claims Secured by Property.*
Year: 2014 ☐ Debtor 2 only
Approximate mileage: 17,000 ☐ Debtor 1 and Debtor 2 only **Current value of the** **Current value of the**
☐ At least one of the debtors and another **entire property?** **portion you own?**
\$14,600.00 **\$14,600.00**

Other information:

**Motor vehicles: 2014 Harley-Davidson
Electra Glide Motorcycle, 17,000 miles,
value estimated at \$14,600.00 per
kbb.com search done 04/15/2017,
subject to lien in favor of Freedom
Road Financial with a balance of
\$10,935.37, requiring monthly
payments of \$408.00, \$0.00 in arrears,
therefore net equity for the estate of
\$3,664.63 (exempt).**

☐ **Check if this is community property**
(see instructions)

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No
☐ Yes

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any
entries for pages you have attached for Part 2. Write that number here.....** →

\$20,900.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

6. **Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... **Household goods and furnishings: At residence, (exempt).**

\$2,000.00

7. **Electronics**

*Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners;
music collections; electronic devices including cell phones, cameras, media players, games*

☐ No

☒ Yes. Describe..... **Electronics: At residence (exempt).**

\$500.00

8. **Collectibles of value**

*Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;
stamp, coin, or baseball card collections; other collections, memorabilia, collectibles*

☒ No

☐ Yes. Describe.....

9. **Equipment for sports and hobbies**

*Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis;
canoes and kayaks; carpentry tools; musical instruments*

☒ No

☐ Yes. Describe.....

10. **Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

Debtor 1 Derek Scott Hoxby Case number (if known) _____

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... **Clothing: At residence, on person (exempt).**

\$500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... **Jewelry: At residence, on person (exempt).**

\$50.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe..... **Non-farm animals: At residence, one dog.**

\$0.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....

\$3,050.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash:

\$20.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. Checking account:

Deposits of money: JPMorgan Chase Bank, '___ Checking,' account 803883797 (overdrawn).

\$0.00

17.2. Checking account:

Deposits of money: Nu Vision Federal Credit Union, 'Checking,' account 920946789-88.

\$0.00

17.3. Checking account:

Deposits of money: Wells Fargo Bank, 'Checking,' account 3837785397 (exempt).

\$50.00

17.4. Savings account:

Deposits of money: Nu Vision Federal Credit Union, 'Checking,' account 920946789-___ (exempt).

\$100.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

Debtor 1 Derek Scott Hoxby Case number (if known) _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☐ No
☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

Non-publicly traded stock & interests in businesses:
100.0% of the shares of stock in Hoxby Enterprises, Inc. Formed 01/01/2012. Licensed marriage and family therapist. Note as well that acting residuals are paid to the corporation and deposited into it. Residuals in 2016 totaled \$6,918.34 and are expected to diminish annually as prior acting work is aired less frequently over time. No employees. Assets of the corporation consist of:

a. Lease of business premises:

1. 4425 Jamboree Road, Unit 265, Newport Beach, 92660, 200 square feet of office space, subleased on a weekly basis, \$85.00 per week;

2. 2566 Overland Avenue, Unit 780, Los Angeles 90064, 200 square feet of office space, subleased on a monthly basis, \$375.00 per month;

b. Bank accounts:

1. JPMorgan Chase Bank, 'Chase Total Business Checking,' account 897909805, \$350.00;

2. JPMorgan Chase Bank, 'Chase Business Savings,' account 3585580086, \$0.00;

3. Wells Fargo Bank, 'Business Checking,' account 8546856686, \$93.00;

c. Accounts receivable: none;

d. Equipment: none;

e. Office equipment: laptop computer, worth an estimated \$200.00;

f. Inventory: none;

g. Insurance: professional negligence insurance with CPH Insurance, policy number PHCP069038, 'term' only;

h. Intellectual property:

1. Debtor Hoxby is licensed by the State Of California Board Of Behavioral Science as a marriage and family therapist (nontransferable);

2. website at www.therapists.psychologytoday.com;

3. tradename, phone number, client list, goodwill, no value in a liquidation context;

4. acting residuals, as noted above.

Liabilities of the corporation consist of:

a. Landlords: current;

b. Suppliers/vendors: current.

Based on the value of the assets and the extent of the liabilities, Debtor Hoxby values his shares of stock in the corporation at \$643.00 (exempt).

100%

\$643.00

Debtor 1 Derek Scott Hoxby Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them..... Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No
☒ Yes. List each account separately. Type of account: Institution name:

Pension plan:	Retirement or pension accounts: Pension plan with Screen Actors Guild. Debtor, age 61, receives \$1,479.00 per month and will do so for the remainder of his life.	\$350,000.00
Pension plan:	Retirement or pension accounts: Pension plan with AFTRA. Debtor, age 61, receives \$281.00 per month and will do so for the remainder of his life.	\$75,000.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes..... Institution name or individual:

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them _____

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information
about them, including whether
you already filed the returns
and the tax years.....

Federal: _____
State: _____
Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information

Alimony: _____
Maintenance: _____
Support: _____
Divorce settlement: _____
Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No
☒ Yes. Name the insurance
company of each policy
and list its value.....

Company name:	Beneficiary:	Surrender or refund value:
Interests in insurance policies:		
Health insurance with Blue Shield Of California, policy number 905686934, paid by Debtor Hoxby, 'term' only, no value.	N/A	\$0.00
Interests in insurance policies:		
Dental insurance with Delta Dental Insurance, policy number 116196744101, 'term' only, no value.	N/A	\$0.00
Interests in insurance policies:		
Automobile insurance for Nissan Sentra with Mercury Insurance Company, policy number 0401-7150213636 and for motorcycle with Pacific Specialty Insurance Company, policy number 7504695-00, 'term' only, no value.	N/A	\$0.00

Debtor 1 **Derek Scott Hoxby** Case number (if known) _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No
☐ Yes. Give specific information _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim..... _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim..... _____

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$425,813.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe.. _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe.. _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe.. _____

41. Inventory

- ☒ No
☐ Yes. Describe.. _____

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe..... Name of entity: _____

% of ownership: _____

Debtor 1 Derek Scott Hoxby Case number (if known) _____

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe..... _____

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here..... → \$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes.... _____

48. Crops--either growing or harvested

- ☒ No
☐ Yes. Give specific
information..... _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes.... _____

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes.... _____

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific
information..... _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... → \$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☐ No
☒ Yes. Give specific information.

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Any other property of any kind not already listed: Gym membership with Twenty-Four Hour Fitness.

\$0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here..... → \$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... → \$0.00

56. Part 2: Total vehicles, line 5 \$20,900.00

57. Part 3: Total personal and household items, line 15 \$3,050.00

58. Part 4: Total financial assets, line 36 \$425,813.00

59. Part 5: Total business-related property, line 45 \$0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61..... \$449,763.00 Copy personal property total → + \$449,763.00

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$449,763.00

Fill in this information to identify your case:

Debtor 1	Derek	Scott	Hoxby
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DIST. OF CALIFORNIA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: 2014 Harley-Davidson Electra Glide Motorcycle (approx. 17000 miles) Motor vehicles: 2014 Harley-Davidson Electra Glide Motorcycle, 17,000 miles, value estimated at \$14,600.00 per kbb.com search done 04/15/2017, subject to lien in favor of Freedom Road Financial with a balance of \$10,935.37, requiring monthly payments of \$408.00, \$0.00 in arrears, therefore net equity for the estate of \$3,664.63 (exempt).	<u>\$14,600.00</u>	<input checked="" type="checkbox"/> \$5,350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(2)
Line from <i>Schedule A/B</i> : <u>3.2</u>			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption</small>	Specific laws that allow exemption
Brief description: Household goods and furnishings: At residence, (exempt). Line from <i>Schedule A/B</i> : <u>6</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(3)
Brief description: Electronics: At residence (exempt). Line from <i>Schedule A/B</i> : <u>7</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(3)
Brief description: Clothing: At residence, on person (exempt). Line from <i>Schedule A/B</i> : <u>11</u>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(3)
Brief description: Jewelry: At residence, on person (exempt). Line from <i>Schedule A/B</i> : <u>12</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(4)
Brief description: Cash: At residence, on person (exempt). Line from <i>Schedule A/B</i> : <u>16</u>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)
Brief description: Deposits of money: JPMorgan Chase Bank, '___ Checking,' account 803883797 (overdrawn). Line from <i>Schedule A/B</i> : <u>17.1</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)
Brief description: Deposits of money: Nu Vision Federal Credit Union, 'Checking,' account 920946789-88. Line from <i>Schedule A/B</i> : <u>17.2</u>	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)
Brief description: Deposits of money: Nu Vision Federal Credit Union, 'Checking,' account 920946789-___ (exempt). Line from <i>Schedule A/B</i> : <u>17.4</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)
Brief description: Deposits of money: Wells Fargo Bank, 'Checking,' account 3837785397 (exempt). Line from <i>Schedule A/B</i> : <u>17.3</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	C.C.P. § 703.140(b)(5)

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--	--------------------------------------	------------------------------------

Copy the value from
Schedule A/B

Check only one box for
each exemption

Brief description:

Non-publicly traded stock & interests in businesses: 100.0% of the shares of stock in Hoxby Enterprises, Inc. Formed 01/01/2012. Licensed marriage and family therapist. Note as well that acting residuals are paid to the corporation and deposited into it. Residuals in 2016 totaled \$6,918.34 and are expected to diminish annually as prior acting work is aired less frequently over time. No employees.

Assets of the corporation consist of:

a. Lease of business premises:

1. 4425 Jamboree Road, Unit 265, Newport Beach, 92660, 200 square feet of office space, subleased on a weekly basis, \$85.00 per week;

2. 2566 Overland Avenue, Unit 780, Los Angeles 90064, 200 square feet of office space, subleased on a monthly basis, \$375.00 per month;

b. Bank accounts:

1. JPMorgan Chase Bank, 'Chase Total Business Checking,' account 897909805, \$350.00;

2. JPMorgan Chase Bank, 'Chase Business Savings,' account 3585580086, \$0.00;

3. Wells Fargo Bank, 'Business Checking,' account 8546856686, \$93.00;

c. Accounts receivable: none;

d. Equipment: none;

e. Office equipment: laptop computer, worth an estimated \$200.00;

f. Inventory: none;

g. Insurance: professional negligence insurance with CPH Insurance, policy number PHCP069038, 'term' only;

h. Intellectual property:

1. Debtor Hoxby is licensed by the State Of California Board Of Behavioral Science as a marriage and family therapist (nontransferable);

2. website at www.therapists.psychologytoday.com;

3. tradename, phone number, client list, goodwill, no value in a liquidation context;

4. acting residuals, as noted above.

Liabilities of the corporation consist of:

a. Landlords: current;

b. Suppliers/vendors: current.

\$643.00

☒

\$26,551.50

C.C.P. § 703.140(b)(5)

☐

100% of fair market value, up to any applicable statutory limit

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
---	--	--------------------------------------	------------------------------------

Copy the value from *Schedule A/B* *Check only one box for
each exemption*

Brief description:

**Retirement or pension accounts: Pension
plan with Screen Actors Guild. Debtor, age
61, receives \$1,479.00 per month and will
do so for the remainder of his life.**

Line from *Schedule A/B*: 21

\$350,000.00



\$350,000.00

C.C.P. § 703.140(b)(10)(A)



100% of fair market
value, up to any
applicable statutory
limit

Brief description:

**Retirement or pension accounts: Pension
plan with AFTRA. Debtor, age 61, receives
\$281.00 per month and will do so for the
remainder of his life.**

Line from *Schedule A/B*: 21

\$75,000.00



\$75,000.00

C.C.P. § 703.140(b)(10)(A)



100% of fair market
value, up to any
applicable statutory
limit

Fill in this information to identify your case:

Debtor 1 **Derek** **Scott** **Hoxby**
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **CENTRAL DIST. OF CALIFORNIA**

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.1

Freedom Road Financial
Creditor's name
10509 Professional Circle
Number Street
Unit 202

Describe the property that secures the claim:

2014 Harley Davidson Electra Glide

\$10,935.37

\$14,600.00

Reno NV 89521
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Auto Lien

Date debt was incurred **01/2015**

Last 4 digits of account number **3 1 3 7**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$10,935.37

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the
value of collateral

Column B
**Value of collateral
that supports this
claim**

Column C
**Unsecured
portion**
If any

2.2

Describe the property that
secures the claim:

\$10,701.60

\$6,300.00

\$4,401.60

Nissan Motor Acceptance

2013 Nissan Sentra SE

Creditor's name

POBox 742658

Number Street

Cincinnati

OH

45274-2658

City

State

ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates
to a community debt

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Auto Lease

Date debt was incurred **07/2013**

Last 4 digits of account number **1 0 0 0**

Add the dollar value of your entries in Column A on this page. Write
that number here:

\$10,701.60

If this is the last page of your form, add the dollar value totals from
all pages. Write that number here:

\$21,636.97

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Part 2: **List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1	FreedomRoad Financial	On which line in Part 1 did you enter the creditor?	2.1
	Name POBox 4597	Last 4 digits of account number	_____
	Number Street		

	Oak Brook	IL	60522-4597
	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	Derek	Scott	Hoxby
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim

Priority
amount

Nonpriority
amount

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

\$4,588.68

4.1

Barclaycard Card Services

Nonpriority Creditor's Name

POBox 60517

Number Street

City Of Industry CA 91716-0517

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 6 7 1

When was the debt incurred? 04/2016-03/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.2

Breathe Medical

Nonpriority Creditor's Name

1322 Bell Avenue

Number Street

Unit 1E

Tustin CA 92780

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 4 3 7

When was the debt incurred? 01/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical

\$250.50

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$6,696.77

Capital One Bank (USA), N.A.

Nonpriority Creditor's Name

POBox 60599

Number Street

Last 4 digits of account number 8 4 9 6

When was the debt incurred? 01/2013-09/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City Of Industry CA 91716-0599

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.4

\$10,800.77

Capital One Bank (USA), N.A.

Nonpriority Creditor's Name

POBox 60599

Number Street

Last 4 digits of account number 3 8 8 8

When was the debt incurred? 06/2013-09/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City Of Industry CA 91716-0599

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.5

\$14.95

Cedars-Sinai Medical Center

Nonpriority Creditor's Name

File 1108

Number Street

1801 West Olympic

Last 4 digits of account number 2 0 0 0

When was the debt incurred? 04/29/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Pasadena CA 91199-1108

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$70.00

4.6

Cedars-Sinai Medical Center

Nonpriority Creditor's Name

File 1108

Number Street

1801 West Olympic

Pasadena

CA

91199-1108

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7 1 5 0**

When was the debt incurred? **05/12/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical

4.7

Cedars-Sinai Medical Center

Nonpriority Creditor's Name

File 1108

Number Street

1801 West Olympic

Pasadena

CA

91199-1108

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6 6 7 0**

When was the debt incurred? **06/18/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical

\$9.96

4.8

Cedars-Sinai Medical Center

Nonpriority Creditor's Name

File 1108

Number Street

1801 West Olympic

Pasadena

CA

91199-1108

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6 1 7 7**

When was the debt incurred? **07/19/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical

\$1,058.92

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

\$235.74

Cedars-Sinai Medical Center

Nonpriority Creditor's Name

File 1108

Number Street

1801 West Olympic

Pasadena

CA

91199-1108

City

State

ZIP Code

Who incurred the debt?

Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 0 7 3 5

When was the debt incurred? 07/19/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Medical

4.10

\$58.20

Cedars-Sinai Medical Center

Nonpriority Creditor's Name

File 1108

Number Street

1801 West Olympic

Pasadena

CA

91199-1108

City

State

ZIP Code

Who incurred the debt?

Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 5 6 1 0

When was the debt incurred? 07/19/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Medical

4.11

\$201.33

General Anesthesia Spec Partnership Med

Nonpriority Creditor's Name

POBox 515108

Number Street

Los Angeles

CA

90051-5108

City

State

ZIP Code

Who incurred the debt?

Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 9 6 2 5

When was the debt incurred? 07/19/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Medical

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$887.64

4.12

Hiruy H. Gessesse MD

Nonpriority Creditor's Name

23700 Camino Del Sol

Number Street

Last 4 digits of account number 7 0 8 6

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical

Torrance CA 90505

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$112.00

4.13

Infinity Insurance Companies

Nonpriority Creditor's Name

Drawer 2537

Number Street

POBox 2153

Last 4 digits of account number 6 0 0 1

When was the debt incurred? 2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Insurance

Birmingham AL 35287-2537

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$1,750.17

4.14

Internal Revenue Service

Nonpriority Creditor's Name

POBox 7346

Number Street

Last 4 digits of account number 1 9 3 8

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Federal Income Taxes

Philadelphia PA 19101-7346

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$4,017.67

4.15

Memorial Hospital Of Gardena

Nonpriority Creditor's Name

1145 West Redondo Beach Boulevard

Number Street

Gardena

CA

90247

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 0 1

When was the debt incurred? 12/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical

\$4,393.88

4.16

Monterey Park Hospital

Nonpriority Creditor's Name

Department LA 22657

Number Street

Pasadena

CA

91185-2657

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 7 8 7

When was the debt incurred? 12/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Medical

\$20,000.00

4.17

Navient

Nonpriority Creditor's Name

POBox 9500

Number Street

Wilkes-Barre

PA

18773-9500

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 9 3 8

When was the debt incurred? 2010-2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.18

\$110,000.00

Navient

Nonpriority Creditor's Name

POBox 9500

Number Street

Last 4 digits of account number _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Wilkes-Barre

PA

18773-9500

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.19

\$3,332.53

PayPal Credit

Nonpriority Creditor's Name

POBox 105658

Number Street

Last 4 digits of account number 7 1 4 2

When was the debt incurred? 01/2015-01/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Atlanta

GA

30348-5658

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.20

\$2,177.00

Prosper Marketplace

Nonpriority Creditor's Name

POBox 396081

Number Street

Last 4 digits of account number 1 9 3 8

When was the debt incurred? 01/2014-04/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Other

San Francisco

CA

94139-6081

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$749.85

4.21

Redondo Emergency Physicians

Nonpriority Creditor's Name

111 North Sepulveda Boulevard

Number Street

Unit 210

Manhattan Beach

CA

90266-6849

City

State

ZIP Code

Who incurred the debt?

Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 3 7 0 1

When was the debt incurred? 2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Medical

\$4,247.60

4.22

Rise Credit Of California, LLC

Nonpriority Creditor's Name

4150 International Plaza

Number Street

Unit 300

Fort Worth

TX

76109

City

State

ZIP Code

Who incurred the debt?

Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 2 7 8 9

When was the debt incurred? 10/2016-04/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Personal Unsecured Loan

\$2,314.96

4.23

Synchrony Bank

Nonpriority Creditor's Name

POBox 965004

Number Street

Orlando

FL

32896-5004

City

State

ZIP Code

Who incurred the debt?

Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 4 3 1 9

When was the debt incurred? 04/2016-04/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Credit Card

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$456.52

4.24

T-Mobile

Nonpriority Creditor's Name

POBox 742596

Number Street

Last 4 digits of account number 4 2 3 1

When was the debt incurred? 01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Cincinnati OH 45274-2596

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Utility

4.25

U.S. Department Of Education

Nonpriority Creditor's Name

POBox 530283

Number Street

Last 4 digits of account number 6 4 5 3

When was the debt incurred? 01/1998

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Atlanta GA 30353-0283

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

\$127,402.41

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Acclaim Credit Technologies

Name

POBox 3028

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Visalia

CA

93278-3028

City

State

ZIP Code

Capital One Bank (USA), N.A.

Name

POBox 30285

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Salt Lake City

UT

84130-0285

City

State

ZIP Code

Capital One Bank (USA), N.A.

Name

POBox 30285

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Salt Lake City

UT

84130-0285

City

State

ZIP Code

CMRE Financial Services, Inc.

Name

3075 East Imperial Highway

Number Street

Unit 200

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.21 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Brea

CA

92821-6753

City

State

ZIP Code

CMRE Financial Services, Inc.

Name

3075 East Imperial Highway

Number Street

Unit 200

On which entry in Part 1 or Part 2 did you list the original creditor?

- Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Brea

CA

92821-6753

City

State

ZIP Code

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Convergent Outsourcing, Inc.

Name
800 SW 39th Street
Number Street
POBox 9004

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Renton **WA** **98057**
City State ZIP Code

Last 4 digits of account number _ _ _ _

Credit Collection Services

Name
725 Canton Street
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Norwood **MA** **02062**
City State ZIP Code

Last 4 digits of account number 0 4 0 4

Cross America Financial, LLC

Name
19300 Hamilton Avenue
Number Street
Unit 230

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Gardena **CA** **90248-4419**
City State ZIP Code

Last 4 digits of account number _ _ _ _

Designed Billing Solutions

Name
POBox 4115
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Concord **CA** **94524**
City State ZIP Code

Last 4 digits of account number _ _ _ _

Designed Billing Solutions

Name
1 Centerpointe Drive
Number Street
Unit 450

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

La Palma **CA** **90623**
City State ZIP Code

Last 4 digits of account number _ _ _ _

Designed Billing Solutions

Name
1 Centerpointe Drive
Number Street
Unit 450

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

La Palma **CA** **90623**
City State ZIP Code

Last 4 digits of account number _ _ _ _

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Designed Billing Solutions

Name

1 Centerpointe Drive

Number Street

Unit 450

La Palma, CA 90623

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

FreedomRoad Financial

Name

10509 Professional Circle

Number Street

Unit 202

Reno

NV

89521

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Infinity Insurance Company

Name

POBox 830189

Number Street

Birmingham

AL

35283-0189

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Internal Revenue Service

Name

POBox 21125

Number Street

Philadelphia

PA

19114

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Internal Revenue Service

Name

Number Street

Ogden

UT

84201-0039

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Internal Revenue Service

Name

POBox 37900

Number Street

Hartford

CT

06176-7900

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Debtor 1 **Derek Scott Hoxby** Case number (if known) _____

Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page

Internal Revenue Service

Name

POBox 21125

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Notice Only for Internal Revenue Service ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Philadelphia

PA

19114

City

State

ZIP Code

Internal Revenue Service

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

Notice Only for Internal Revenue Service ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Ogden

UT

84201-0039

City

State

ZIP Code

Nelnet

Name

POBox 2877

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Omaha

NE

68103-2877

City

State

ZIP Code

NSB Management Services, Inc.

Name

POBox 1099

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Langhorne

PA

19047

City

State

ZIP Code

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$257,402.41</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$48,425.64</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$305,828.05</u>

Fill in this information to identify your case:

Debtor 1	<u>Derek</u>	<u>Scott</u>	<u>Hoxby</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>CENTRAL DIST. OF CALIFORNIA</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 Mylbra Oliver
Name
2731 Rainbow Ridge Road
Number Street

**Month to month verbal agreement
Contract to be ASSUMED**

Palos Verdes CA 90274
City State ZIP Code

Fill in this information to identify your case:

Debtor 1	Derek	Scott	Hoxby
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DIST. OF CALIFORNIA		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

- 1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)
☒ No
☐ Yes
- 2. Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)
☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☒ No
☐ Yes
- 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	Derek	Scott	Hoxby
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DIST. OF CALIFORNIA		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Marriage And Family Therapist	
Employer's name	Hoxby Enterprises, Inc.	
Employer's address	2566 Overland Avenue	
	Number Street	Number Street
	Unit 780	
	Los Angeles	CA 90064
	City	State Zip Code
How long employed there?	2012	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$0.00	
3. Estimate and list monthly overtime pay.	\$0.00	
4. Calculate gross income. Add line 2 + line 3.	\$0.00	

Debtor 1 **Derek Scott Hoxby**

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$0.00	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00	
5b. Mandatory contributions for retirement plans	5b. \$0.00	
5c. Voluntary contributions for retirement plans	5c. \$0.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$0.00	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: _____	5h. + \$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$0.00	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$2,528.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$1,760.00	
8h. Other monthly income. Specify: _____	8h. + \$0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$4,288.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$4,288.00	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.	12. \$4,288.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: Please see Declaration of Debtor Hoxby attached behind Schedule I.		

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

8a. Attached Statement (Debtor 1)

Hoxby Enterprises, Inc.

Gross Monthly Income:		<u>\$4,385.00</u>
<u>Expense</u>	<u>Category</u>	<u>Amount</u>
Expenses		\$2,509.00
Total Monthly Expenses		<u>\$2,509.00</u>
Net Monthly Income:		<u><u>\$1,876.00</u></u>

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

8a. Attached Statement (Debtor 1)

Scott Hoxby, Therapist (sole proprietorship)

Gross Monthly Income:		<u>\$1,101.00</u>
<u>Expense</u>	<u>Category</u>	<u>Amount</u>
Expenses		\$449.00
Total Monthly Expenses		<u>\$449.00</u>
Net Monthly Income:		<u><u>\$652.00</u></u>

DECLARATION OF DEBTOR D. SCOTT HOXBY

I, D. Scott Hoxby, declare:

1. I am the Debtor herein.

2. I have personal knowledge of the facts stated.

3. Including secured and priority debt, I owe an estimated \$327,465.02 to 28 creditors. My obligations can be divided into the following categories:

Nonconsumer:

Taxes	, 01 creditors totaling \$ 1,750.17
Student loans	, 03 creditors totaling <u>\$257,402.41</u>
Total Nonconsumer	, 04 creditors totaling \$259,152.58

Consumer:

Auto loans	, 02 creditors totaling \$ 21,636.97
Credit cards	, 08 creditors totaling \$ 34,158.31
Medical	, 12 creditors totaling \$ 11,948.64
Other	, 02 creditors totaling \$ <u>568.52</u>
Total Consumer	, xx creditors totaling \$ 68,312.44

Therefore, the majority of my debt is NONCONSUMER debt.

4. I am a 100.0% shareholder in a corporation named HoxbyEnterprises, Inc., which in addition to collecting on acting residuals from work done in the past, does licensed marriage and family therapy counseling. I project that the corporation will generate the following revenue and expenses:

	01/2016-12/2016	01/2016-01/2016	
	<u>Actual</u>	<u>Average</u>	<u>Projected</u>
Revenue	\$52,623	\$4,385	\$4,385

	<u>01/2016-12/2016</u>	<u>01/2016-01/2016</u>	<u>Projected</u>
	<u>Actual</u>	<u>Average</u>	
Expenses:			
Taxes/licenses	\$ 9,600	\$ 800	\$ 800
Interest	134	11	N/A
Advertising	1,078	90	90
Accounting	3,440	287	287
Auto/truck	8,000	667	Schedule J
Bank charges	1,760	147	147
Dues/subscriptions	1,040	87	87
Office expense	280	23	23
Telephone	2,560	213	213
Training/continuing ed	880	73	73
Travel	5,200	433	433
Credit card processing	360	30	30
Professional wardrobe	2,200	183	183
Theater tickets	750	63	63
File storage	<u>960</u>	<u>80</u>	<u>80</u>
Total Expenses	<u>\$38,242</u>	<u>\$3,187</u>	<u>\$2,509</u>
Profit/(Loss)	\$14,381	\$1,198	\$1,876

5. In addition, some of my income as a marriage and family therapist is booked as a sole proprietorship. I project that the 'sole proprietorship' will generate the following revenue and expenses:

	<u>01/2016-12/2016</u>	<u>01/2016-01/2016</u>	<u>Projected</u>
	<u>Actual</u>	<u>Average</u>	
Revenue	\$13,208	\$1,101	\$1,101
Expenses:			
Advertising	\$ 132	\$ 11	\$ 11
Legal/professional	860	72	72
Office expense	840	70	70
Rent	2,400	200	200
Utilities	640	53	53
Business license	33	3	3
Dues/subscriptions	260	22	22
Continuing education	<u>220</u>	<u>18</u>	<u>18</u>
Total Expenses	<u>\$ 5,385</u>	<u>\$ 449</u>	<u>\$ 449</u>
Profit/(Loss)	\$ 7,823	\$ 652	\$ 652

I declare under penalty of perjury that the foregoing statements are true and correct and I could if called upon competently testify thereto.

Executed this _____th day of 04/2017 at Woodland Hills, California.



D. Scott Hoxby
Declarant

Fill in this information to identify your case:

Debtor 1	Derek	Scott	Hoxby
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	CENTRAL DIST. OF CALIFORNIA		
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. **Does Debtor 2 live in a separate household?**
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

☒ No

☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence.
Include first mortgage payments and any rent for the ground or lot.
If not included in line 4:

4. **\$800.00**

4a. Real estate taxes

4a. _____

4b. Property, homeowner's, or renter's insurance

4b. _____

4c. Home maintenance, repair, and upkeep expenses

4c. **\$25.00**

4d. Homeowner's association or condominium dues

4d. _____

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Your expenses

5. Additional mortgage payments for your residence , such as home equity loans	5.	_____
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$100.00
6b. Water, sewer, garbage collection	6b.	_____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	_____
6d. Other. Specify: _____	6d.	_____
7. Food and housekeeping supplies	7.	\$350.00
8. Childcare and children's education costs	8.	_____
9. Clothing, laundry, and dry cleaning	9.	\$0.00
10. Personal care products and services	10.	\$20.00
11. Medical and dental expenses	11.	\$333.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$100.00
14. Charitable contributions and religious donations	14.	_____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	\$378.80
15c. Vehicle insurance	15c.	\$125.00
15d. Other insurance. Specify: _____	15d.	_____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
17. Installment or lease payments:		
17a. Car payments for Vehicle 1 Nissan Motor Acceptance	17a.	\$394.00
17b. Car payments for Vehicle 2 Harley Davidson Credit	17b.	\$408.00
17c. Other. Specify: Pet food and care	17c.	\$100.00
17d. Other. Specify: _____	17d.	_____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	_____
19. Other payments you make to support others who do not live with you. Specify: _____	19.	_____

Debtor 1 Derek Scott Hoxby

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: _____ 21. **+** _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. <u>\$3,333.80</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. <u>\$3,333.80</u>

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <u>\$4,288.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. <u>-\$3,333.80</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <u>\$954.20</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

Please see Declaration of Debtor Hoxby attached behind Schedule I.

Fill in this information to identify your case:

Debtor 1	<u>Derek</u>	<u>Scott</u>	<u>Hoxby</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>CENTRAL DIST. OF CALIFORNIA</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Derek Scott Hoxby
Derek Scott Hoxby, Debtor 1

X

Signature of Debtor 2

Date 04/18/2017
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Derek</u>	<u>Scott</u>	<u>Hoxby</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>CENTRAL DIST. OF CALIFORNIA</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

- What is your current marital status?
☐ Married
☒ Not married
- During the last 3 years, have you lived anywhere other than where you live now?
☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.
- Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 Derek Scott Hoxby

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

'SOLE PROPRIETORSHIP'

From January 1 of the current year until
the date you filed for bankruptcy:

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
<u>\$8,800.00</u>	
Sources of income Check all that apply.	Sources of income Check all that apply.
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
<u>\$13,208.00</u>	
Sources of income Check all that apply.	Sources of income Check all that apply.
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
<u>\$16,171.00</u>	

For the last calendar year:
(January 1 to December 31, 2016)
YYYY

For the calendar year before that:
(January 1 to December 31, 2015)
YYYY

Hoxby ENTERPRISES, INC.

From January 1 of the current year until
the date you filed for bankruptcy:

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
<u>\$11,000.00</u>	
Sources of income Check all that apply.	Sources of income Check all that apply.
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
<u>\$52,623.00</u>	
Sources of income Check all that apply.	Sources of income Check all that apply.
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
<u>\$45,096.00</u>	

For the last calendar year:
(January 1 to December 31, 2016)
YYYY

For the calendar year before that:
(January 1 to December 31, 2015)
YYYY

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

FORFE RESIDUALS

From January 1 of the current year until
the date you filed for bankruptcy:

Debtor 1	Debtor 2
Sources of income Check all that apply.	Sources of income Check all that apply.
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<input type="checkbox"/> Wages, commissions, bonuses, tips
<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business

Gross income
(before deductions and exclusions)

\$700.00

For the last calendar year:

(January 1 to December 31, 2016)
YYYY

<input type="checkbox"/> Wages, commissions, bonuses, tips	<input type="checkbox"/> Wages, commissions, bonuses, tips
<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business

For the calendar year before that:

(January 1 to December 31, 2015)
YYYY

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<input type="checkbox"/> Wages, commissions, bonuses, tips
<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of the current year until
the date you filed for bankruptcy:

Debtor 1	Debtor 2
Sources of income Describe below.	Sources of income Describe below.
Gross income from each source (before deductions and exclusions)	Gross income from each source (before deductions and exclusions)
Pensions	
Tax Refund-Federal	
Tax Refund-State (applied)	

\$7,040.00

\$1,022.00

\$479.00

For the last calendar year:

(January 1 to December 31, 2016)
YYYY

Pensions	
Tax Refund-Federal	

\$21,120.00

\$541.00

For the calendar year before that:

(January 1 to December 31, 2015)
YYYY

Pension	
----------------	--

\$21,120.00

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No

- ☐ Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No

- ☐ Yes. List all payments that benefited an insider.

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.
- ☒ No
☐ Yes. Fill in the details.
10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.
- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.
11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?
- ☒ No
☐ Yes. Fill in the details.
12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?
- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?
- ☒ No
☐ Yes. Fill in the details for each gift.
14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?
- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?
- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
<u>Law Offices Of Hagen & Hagen</u> Person Who Was Paid				
<u>4559 San Blas Avenue</u> Number Street			<u>04/14/2017</u>	<u>\$750.00</u>
			<u>02/24/2017</u>	<u>\$750.00</u>
<u>Woodland Hills</u> City	<u>CA</u> State	<u>91364</u> ZIP Code		
<u>jeff@hagenhagenlaw.com</u> Email or website address				

Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Derek Scott Hoxby**

Case number (if known) _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 Derek Scott Hoxby Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☒ An officer, director, or managing executive of a corporation
☒ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

Hoxby Enterprises, Inc. Business Name	Describe the nature of the business Marriage And Family Therapy (corporation, 100.0% shareholder, director, officer)	Employer Identification number Do not include Social Security number or ITIN.
2566 Overland Avenue Number Street	Name of accountant or bookkeeper Jeffrey A. Prye CPA	EIN: <u>4</u> <u>5</u> - <u>4</u> <u>4</u> <u>2</u> <u>4</u> <u>5</u> <u>0</u> <u>9</u>
Unit 780		Dates business existed From <u>01/01/2012</u> To <u>Present</u>
Los Angeles CA 90064 City State ZIP Code		

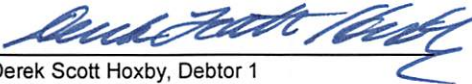
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X  X _____
Derek Scott Hoxby, Debtor 1 Signature of Debtor 2
Date 04/18/2017 Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Derek</u>	<u>Scott</u>	<u>Hoxby</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>CENTRAL DIST. OF CALIFORNIA</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☐ creditors have claims secured by your property, or
- ☐ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Freedom Road Financial	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: 2014 Harley Davidson Electra Glide	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	
Creditor's name: Nissan Motor Acceptance	<input type="checkbox"/> Surrender the property.	<input type="checkbox"/> No
Description of property securing debt: 2013 Nissan Sentra SE	<input type="checkbox"/> Retain the property and redeem it.	<input type="checkbox"/> Yes
	<input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .	
	<input type="checkbox"/> Retain the property and [explain]:	

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

Lessor's name: **Mylbra Oliver**

☐ No

Description of leased property: **Month to month verbal agreement**

☒ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X  X
Derek Scott Hoxby, Debtor 1 Signature of Debtor 2

Date 04/18/2017
MM / DD / YYYY

Date _____
MM / DD / YYYY

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address Law Offices Of Hagen & Hagen Jeffrey J Hagen - SBN 143754 (818) 501-6161 4559 San Blas Avenue Woodland Hills, California 91364 Fax: (818) 907-6722 jeff@hagenhagenlaw.com	FOR COURT USE ONLY
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION	
In re: Derek Scott Hoxby, aka Scott Hoxby Debtor(s).	CASE NO.: CHAPTER: 7 DEBTOR'S ATTORNEY'S DISCLOSURE OF COMPENSATION ARRANGEMENT IN INDIVIDUAL CHAPTER 7 CASE [LBR 2090-1(a)(3)]

1. **Compensation Arrangement.** Pursuant to 11 U.S.C. § 329(a), FRBP 2016(b), and LBR 2090-1(a)(3) and (4), I disclose that:
 - a. I am the attorney for the Debtor.
 - b. Compensation that was paid to me, within one year before the petition was filed, or was agreed to be paid to me, for services rendered or to be rendered on behalf of the Debtor in contemplation of or in connection with this bankruptcy case, is as follows:
 - i. For legal services, I have agreed to accept ☐ an hourly rate of \$ _____; or a ☒ flat fee of \$ 2250.00
 - ii. ☒ Prior to filing this disclosure I received \$ 1500.00
 - iii. ☒ The balance due is \$ 750.00
2. **Source of Compensation Paid Postpetition (Postpetition Compensation).**
 - a. **Already Paid.** The source(s) of the Postpetition Compensation paid to me was:
☒ Debtor(s) ☐ Other (specify): _____
 - b. **To be Paid.** The source(s) of the Postpetition Compensation to be paid to me is:
☒ Debtor(s) ☐ Other (specify): _____
3. **Sharing of Compensation Paid Postpetition.**
 - ☒ I have not agreed to share Postpetition Compensation with any other person unless they are members or regular associates of my law firm within the meaning of FRBP 9001(10).
 - ☐ I have agreed to share Postpetition Compensation with other person or persons who are not members or regular associates of my law firm within the meaning of FRBP 9001(10). Attached as Exhibit A is a copy of the agreement and a list of the names of the people sharing in the Postpetition Compensation.

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

4. **Limited Scope of Services.** A limited scope of appearance is permitted under LBR 2090-1(a)(3), unless otherwise required by the presiding judge. In return for the fee disclosed above, I have agreed to provide the required legal services indicated below in paragraph "a", and, if any are indicated, the additional services checked in paragraph "4.b".

a. **Services required to be provided:**

- i. Analysis of the Debtor's financial situation, and advice to the Debtor in determining whether to file a bankruptcy petition;
- ii. Preparation and filing of any petition, lists, schedules and statements and any other required case commencement documents; and
- iii. Representation of the Debtor at the initial § 341(a) meeting of creditors.

b. ☐ **Additional legal services I will provide:**

- i. ☐ Any proceeding related to relief from stay motions.
- ii. ☐ Any proceeding involving an objection to the Debtor's discharge pursuant to 11 U.S.C. § 727.
- iii. ☐ Any proceeding to determine whether a specific debt is nondischargeable under 11 U.S.C. § 523.
- iv. ☐ Reaffirmation of a debt.
- v. ☐ Any lien avoidance under 11 U.S.C. § 522(f)
- vi. ☐ Other (*specify*):

5. If in the future I agree to represent the Debtor in additional matters, I will complete and file the Attorney's Disclosure of Postpetition Compensation, LBR form F 2016-1.4.ATTY.COMP.DISCLSR.

DECLARATION OF ATTORNEY FOR THE DEBTOR

I declare under penalty of perjury that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the Debtor in this bankruptcy case

Date: 04/18/2017



Signature of attorney for the Debtor

Jeffrey J Hagen

Printed name of attorney

Law Offices Of Hagen & Hagen


Printed name of law firm

DECLARATION OF THE DEBTOR

I/we declare under penalty of perjury that my attorney has explained to me/us the limited scope of representation as outlined above. I/we understand that I/we have paid or agreed to pay solely for the required services listed in paragraph 4a, and the additional services (if any) that are checked off in paragraph 4b above, and that I/we am representing myself/ourselves for any other proceedings unless a new agreement is reached with an attorney.

Date: 04/18/2017

Date: _____



Signature of Debtor 1

Derek Scott Hoxby

Printed name of Debtor 1

Signature of Debtor 2 (Joint Debtor)(if applicable)

Printed name of Debtor 2

Fill in this information to identify your case:

Debtor 1	<u>Derek</u>	<u>Scott</u>	<u>Hoxby</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>CENTRAL DIST. OF CALIFORNIA</u>			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 122A-1Supp

Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101).
- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?
- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
3. Are you or have you been a Reservist or member of the National Guard?
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
 - ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____ which is fewer than 540 days before I file this bankruptcy case.
 - ☐ I am performing a homeland defense activity for at least 90 days.
 - ☐ I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now* and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The exclusion period means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

Fill in this information to identify your case:

Debtor 1	<u>Derek</u>	<u>Scott</u>	<u>Hoxby</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>CENTRAL DIST. OF CALIFORNIA</u>		
Case number (if known)	_____		

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. _____

Debtor 1 Derek Scott Hoxby

Case number (if known) _____

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
----------------------	--

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2
Gross receipts (before all deductions)	_____	_____
Ordinary and necessary operating expenses	— _____	— _____
Net monthly income from a business, profession, or farm	_____	_____

Copy here → _____

6. Net income from rental and other real property

	Debtor 1	Debtor 2
Gross receipts (before all deductions)	_____	_____
Ordinary and necessary operating expenses	— _____	— _____
Net monthly income from rental or other real property	_____	_____

Copy here → _____

7. Interest, dividends, and royalties

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:↓

For you..... _____

For your spouse..... _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+ _____ + _____

11. Calculate your total current monthly income.

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

_____	+	_____	=	_____
-------	---	-------	---	-------

Total current monthly income

Debtor 1 Derek Scott Hoxby Case number (if known) _____

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11.....Copy line 11 here → 12a.
Multiply by 12 (the number of months in a year). X 12
12b. The result is your annual income for this part of the form. 12b.

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.
Fill in the number of people in your household.
Fill in the median family income for your state and size of household..... 13.
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.
14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X  X _____
Derek Scott Hoxby, Debtor 1 Signature of Debtor 2

Date 4/18/2017
MM / DD / YYYY

Date _____
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
SAN FERNANDO VALLEY DIVISION**

IN RE: **Derek Scott Hoxby**

CASE NO

CHAPTER **7**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 4/18/2017

Signature 
Derek Scott Hoxby

Date _____

Signature _____

Acclaim Credit Technologies
POBox 3028
Visalia, CA 93278-3028

Barclaycard Card Services
POBox 60517
City Of Industry, CA 91716-0517

Breathe Medical
1322 Bell Avenue
Unit 1E
Tustin, CA 92780

Capital One Bank (USA), N.A.
POBox 60599
City Of Industry, CA 91716-0599

Capital One Bank (USA), N.A.
POBox 30285
Salt Lake City, UT 84130-0285

Cedars-Sinai Medical Center
File 1108
1801 West Olympic
Pasadena, CA 91199-1108

CMRE Financial Services, Inc.
3075 East Imperial Highway
Unit 200
Brea, CA 92821-6753

Convergent Outsourcing, Inc.
800 SW 39th Street
POBox 9004
Renton, WA 98057

Credit Collection Services
725 Canton Street
Norwood, MA 02062

Cross America Financial, LLC
19300 Hamilton Avenue
Unit 230
Gardena, CA 90248-4419

Designed Billing Solutions
1 Centerpointe Drive
Unit 450
La Palma, CA 90623

Designed Billing Solutions
POBox 4115
Concord, CA 94524

Designed Billing Solutions
1 Centerpointe Drive
Unit 450
La Palma, CA 90623
0005003305

Freedom Road Financial
10509 Professional Circle
Unit 202
Reno, NV 89521

FreedomRoad Financial
10509 Professional Circle
Unit 202
Reno, NV 89521

FreedomRoad Financial
POBox 4597
Oak Brook, IL 60522-4597

General Anesthesia Spec Partnership Med
POBox 515108
Los Angeles, CA 90051-5108

Hiruy H. Gessesse MD
23700 Camino Del Sol
Torrance, CA 90505

Infinity Insurance Companies
Drawer 2537
POBox 2153
Birmingham, AL 35287-2537

Infinity Insurance Company
POBox 830189
Birmingham, AL 35283-0189

Internal Revenue Service
Ogden, UT 84201-0039

Internal Revenue Service
POBox 21125
Philadelphia, PA 19114

Internal Revenue Service
POBox 37900
Hartford, CT 06176-7900

Internal Revenue Service
POBox 7346
Philadelphia, PA 19101-7346

Jeffrey J Hagen
4559 San Blas Avenue
Woodland Hills, California 91364

Memorial Hospital Of Gardena
1145 West Redondo Beach Boulevard
Gardena, CA 90247

Monterey Park Hospital
Department LA 22657
Pasadena, CA 91185-2657

Navient
POBox 9500
Wilkes-Barre, PA 18773-9500

Nelnet
POBox 2877
Omaha, NE 68103-2877

Nissan Motor Acceptance
POBox 742658
Cincinnati, OH 45274-2658

NSB Management Services, Inc.
POBox 1099
Langhorne, PA 19047

PayPal Credit
POBox 105658
Atlanta, GA 30348-5658

Prosper Marketplace
POBox 396081
San Francisco, CA 94139-6081

Redondo Emergency Physicians
111 North Sepulveda Boulevard
Unit 210
Manhattan Beach, CA 90266-6849

Rise Credit Of California, LLC
4150 International Plaza
Unit 300
Fort Worth, Texas 76109

Synchrony Bank
POBox 965004
Orlando, FL 32896-5004

T-Mobile
POBox 742596
Cincinnati, OH 45274-2596

U.S. Department Of Education
POBox 530283
Atlanta, GA 30353-0283